								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										910	64	34	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYP		ENTITH	OR		R THAN ENTITY
F	OR	N	NUMBER FILED			NUMBER	RAT	E)	FEE	1 [RATE	FEE	
BA	ASIC FEE								345.00	OR		690.00	
TC	OTAL CLAIMS	- (5/6) minus 20=			= 20)=		OR	X\$18=	3/01
-	DEPENDENT CL		minus 3 =			•	X39	=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130)=		OR	+260=	260
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	AL		OR	TOTAL	13/0
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL	THAN ENTITY
AMENDMENTA		REMAIN AFTE AMENDM	IS IING R		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 2	1	Minus	**	40	=	X\$ 9	=		OR	X\$18=	
	Independent FIRST PRESE	NITATION	2	Minus	**	<u> </u>	=	X39:	=		OR	X78≃	
	TINOT PRESE	MIAHON	OF MC	JETIPLE DEI	ENL	DENT CEAIM		+130	_		OR	+260=	
							<u>[</u>	TO ADDIT, F		-	OR	TOTAL	
	(Column 1) (Column 2) (Column 3)										7	ADDIT. FEE	: [
AMENDMENT B		CLAIM REMAIN AFTE AMENDM	IING R /	.45	PI	HIGHEST NUMBER REVIOUSLY PAID FØR	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 29	1	Minus	70	24		X\$ 9	=		OR	X\$18=	
	Independent	* ENTATION	5	Minus	***	STAIT CLAIM	I=	X39=	- 1		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+260=	
	(Column 1) (Column 2) (Column 3)										OR	TOTAL ADDIT. FEE	
											0/		
AMENDMENT C		CLAIM REMAIN AFTEI AMENDM	ING R		PF	HIGHEST NUMBER REVIOUSLY PAID FOR /	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 2	01	Minus	•••	24	=	X\$ 9:	= -		OR	X\$18=	
	Independent	A A	\leq	Minus	***		=	X39=			OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE												+260=	1
***	If the "Highest Nu	mber Previo	usly Pa	id For" IN THI	SSP	ACE is less tha	n 20. enter "20." n 3, enter "3." highest number fou	DDIT. F	EEL	ronriate ho		ADDIT. FEE	